

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 9441110 FILING DATE _____
 APPLICANT(S) _____

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND. DEP.			IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1	/						51		/			
2		/					52		/			
3		/					53		/			
4		/					54		/			
5		/					55		/			
6		/					56		/			
7		/					57	/	/			
8		/					58		/			
9		/					59		/			
10		/					60	/				
11		①					61					
12		①					62					
13		①					63					
14		①					64					
15		①					65					
16		①					66					
17		①					67					
18		①					68					
19		①					69					
20		①					70					
21		①					71					
22		①					72					
23		①					73					
24		①					74					
25		①					75					
26				/			76					
27				/			77					
28				/			78					
29				/			79					
30				/			80					
31				/			81					
32				/			82					
33				/			83					
34				/			84					
35				/			85					
36				/			86					
37				/			87					
38				/			88					
39				/			89					
40				/			90					
41				/			91					
42				/			92					
43				/			93					
44				/			94					
45				/			95					
46				/			96					
47				/			97					
48				/			98					
49				/			99					
50				/			100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.		24					TOTAL DEP.					
TOTAL CLAIMS		25					TOTAL CLAIMS					

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